ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

St Vincent Women's Hospital (Satellite)

City: Indianapolis County: Marion Year: 2004

Provider Type: Satellite of Acute Care Hospital

I. Inpatient Care						
Hospital Service Description				Average Charge Per Discharge		
Burn Care	0	0	0	\$0		
Cardiac Intensive	0	0	0	\$0		
ICU Med/Surg	0	0	0	\$0		
ICU Neonatal	12	225	1,474	\$12,634		
ICU Pediatric	0	0	0	\$0		
Medical/Surgical	25	752	1,822	\$1,907		
Neonatal Intermed	0	0	0	\$0		
Obstetrics	23	2,503	6,593	\$1,651		
Pediatric	0	0	0	\$0		

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	60	3,480	9,889	NA
Normal Newborn	30	2,299	5,527	\$1,917

II. Outpatient Visits				
Total Annual Outpatient Visits	14,745			
Number of Visits to Emergency Department	0			

NA =	Not applicable	NMF =	No meaningful figure NI	R =	Not reported

Health Care Regulatory Services

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